**Certificate of Insurance Request Form**

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| **Date of Request** |  | **Date Needed** |  |
| **To** | AHT Insurance | **From** |  |
| **Attention/Email**  | (AM or Asst. AM Name/Email)  |
| **Insured’s Name** |  |
| **Insured’s Address** |  |
| **Reason for Request** |
| ☐ Landlord ☐ Equipment Lease☐ Purchase Order | ☐ Job/Project☐ Mortgagee/Lender☐ Auto Lease | ☐ Proof of Insurance☐ Other (describe) |
| **Attach a copy of lease, purchase order or contract for our review.**☐ Attached ☐ Not Attached |
| **Certificate Holder** |  |
| **Certificate Holder’s Address** |  |
| **Job/Reference #** |  |
| **How would you like the Certificate of Insurance sent to you?** |
| **Attention** |   |
| **Email**  |  |
| **Deliver to** | ☐ Insured ☐ Insured and Holder ☐ Holder only |
| **Coverage Required** |
| ☐ General Liability☐ Property☐ Workers’ Compensation | ☐ Auto Liability☐ Auto Physical Damage☐ Umbrella/Excess Liability | ☐ Other (describe)  |
| **Certificate holder should be listed as** | ☐ Additional Insured☐ Loss Payee | ☐ Loss Payee☐ Other: (describe) |
| **Special Requirements** | ☐ Waiver of Subrogation | ☐ Per Project Aggregate | ☐ Other (describe) |
| **Additional Comments** |  |

